

ST. JAMES'S HOSPITAL LABMED DIRECTORATE			
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Frequently Asked Questions about Allergy

What is an allergy?

An allergy is an abnormal immune reaction to an otherwise harmless environmental substance.

What kinds of things are people allergic to?

1. 'Inhalants' – Grass and tree pollen, house dust mite, animal dander and moulds
2. 'Foods' – the big 8
3. Egg
4. Cow's milk
5. Wheat
6. Soy
7. Peanut
8. Tree nut
9. Fish
10. Shellfish

Other foods account for <10% of food allergies. Allergies to fruits do seem to be becoming more common especially in adults but are thankfully usually mild.

11. 'Medications' – for example antibiotics

How are allergies diagnosed?

The most important step in making an allergy diagnosis is taking the 'clinical history'. This is where a doctor will examine the details of the circumstances around a reaction and try to relate the symptoms experienced to the history of exposure. The doctor will often then arrange tests that will help to clarify the clinical history. Testing approaches that are used include:

1. Skin prick testing
2. Blood testing (Specific IgE testing; carried out in the immunology laboratory)
3. Challenge testing

It is important to understand that allergies cannot be diagnosed by testing alone. Testing identifies a state known as 'sensitisation' that might suggest an increased risk of clinical allergy – however, for doctors, the clinical history is the most important step in making a diagnosis. The only way to absolutely prove an allergy is a challenge test – this is a supervised exposure to the substance in question. The development of allergic symptoms during a challenge confirms the diagnosis.

In St. James's Hospital all three testing approaches are used. Challenge testing is time consuming and has some risk. This approach is currently not well resourced. Waiting times for challenge tests are very long

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What is the difference between food allergy and food intolerance?

A food allergy is an acute (rapid onset) reaction, involving the immune system. A food allergy occurs reproducibly after exposure to a food and does not occur when that food is avoided. Symptoms are often mild but can occasionally be life threatening (anaphylaxis).

Food intolerance reactions are usually of slower onset and do not cause life threatening reactions. Intolerances frequently cause digestive problems (for example bloating, pain, or diarrhoea) only, but these may be debilitating and have a huge impact on quality of life. Absolute food avoidance is often not required and implicated foods may be tolerated in small amounts or in different forms (eg. white bread vs wholemeal bread). Lifestyle changes can also help intolerances. This might include modifying caffeine and alcohol intake, abdominal muscle strengthening exercises and also relaxation and mindfulness.

How are intolerances diagnosed?

There are no definitive, validated (proven) tests to diagnose food intolerances. The best approach is to ask for an assessment with your GP. Your GP will seek to make sure there is nothing else going on and may arrange tests to make sure you do not have coeliac disease (a very specific form of gluten hypersensitivity), or camera tests to examine the gut further.

If food intolerance is felt to be the cause then the best approach is to use a food diary to relate symptoms to food groups. If the diet is to be modified this should be carried out one food at a time and for a period of 4-6 weeks to see if exclusion is effective. This is best done with the help of an experienced dietician. In some cases more general dietary modification might be of benefit such as adherence to a specialised diet. For example the low FODMAP (Fermentable Oligo-, Di-, Mono-saccharides and Polyols) diet. Again, the involvement of an experienced dietician is crucial.

What about the tests for intolerance that are heavily marketed?

There are no evidence based, validated tests for food intolerance.

Food specific IgG testing is commonly marketed in pharmacies and other commercial outlets. This test detects a normal (physiological) response to food. Positive tests reflect dietary exposure only and do not identify any disease process. Other tests such as kinesiology, VEGA testing, hair analysis etc. are not scientifically based and lack supportive evidence or have been disproven. In addition practitioners offering these tests may confuse allergy and intolerance resulting in risk for patients. This does not mean that dietary modification in the setting of food intolerance is wrong, it merely means that the tests that are proposed to diagnose intolerance are unhelpful. There is ample evidence that these tests are unable to differentiate patients with intolerance symptoms from those that do not have such symptoms.

Such tests are an expensive waste of money and time. These testing strategies are not available in St. James's Hospital.